

2015 GRANT APPLICATION PACKET

ABOUT US

The Montgomery Bar Foundation is the charitable arm of the Montgomery Bar Association. The mission of the Bar Foundation is to improve, facilitate and support justice and fair treatment for all. The foundation serves this mission by providing financial support to non-profit organizations that afford access to justice for victims of crime, abuse, poverty and discrimination.

2015 GRANT APPLICATION GUIDELINES

ELIGIBILITY: To be eligible to apply, the following criteria must be met:

- 1. Applicant is a 501(c)(3) non-profit corporation registered with the Pennsylvania Department of State.
- 2. Applicant provides direct, legal or law-related services, free of charge, to Montgomery County residents, OR facilitates the provision of *pro bono publico* legal services.
- 3. Applicant's general operating budget for services provided in Montgomery County does not exceed \$2,000,000.

TYPES OF GRANTS: The Montgomery Bar Foundation provides support for general operations, programs and special projects.

HOW TO APPLY: The 2015 Grant Application Packet contains detailed instructions and forms that must be used when submitting your request. The Application Packet may be obtained by visiting the Foundation's website, www.montgomerybarfoundation.org.

The Grant Application includes the following forms:

- 1. Application Cover Sheet
- 2. Application Narrative Guidelines
- Financial Information Form
- 4. Checklist of Required Attachments
- 5. Grant Report Forms

Please use the enclosed checklist to ensure your application is complete. If you received a grant from the Bar Foundation in 2014, please use the Grant Report forms provided. Your report must be submitted along with your application.

APPLICATIONS ARE DUE MONDAY, OCTOBER 19, 2015

- 1. **Via U.S. Mail** to the attention of Nancy Paul, Executive Director, Montgomery Bar Foundation, 100 West Airy Street, P.O. Box 268, Norristown, PA 19404-0268. Please be sure to include all required attachments.
- 2. **Via Email** to Nancy Paul at nancypaul@montgomerybar.org. **Your email must be received by 4:00 p.m.** If required documents are not available in electronic format, they may be mailed separately.

NOTIFICATION OF AWARD: Grant awards will be announced in mid-December. Checks will be presented in December, 2015.

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APPLICATION COVER SHEET

Αŗ	pplicant Organization:		Tax ID:		
Pr	rimary Address:				
Pł	hone:	Fax:	Website:		
E>	xecutive Director Contact	Info:			
Na	ame:				
Di	rect Phone:	En	nail:		
Oı	rganization/Project meets	eligibility requireme	nts:		
	Applicant is a 501(c)(3) non-profit corporation registered with the Pennsylvania Department of State.				
	Applicant provides direct legal or law-related services, free of charge, to Montgomery County residents, OR facilitates the provision of <i>pro bono publico</i> legal services.				
	Applicant's general operating budget for services provided in Montgomery County does not exceed \$2,000,000.				
Ar	mount of Request:				
Ar	nnual Operating Budget:				
Pι	urpose of Request (Check	cone):			
	General Operating Suppo	rt 🗆 Progra	m/Project		
		Name	of Project:		
		Total P	Project Budget:		
Br	rief overview of Services:				
Or	n average, how many indivi	iduals do you assist an	nually?		
Tc	otal Staff Size:	Professional:	Administrative:		
Br	riefly describe your law-rela	ted services:			
Do	o you have attorneys on sta	aff?			
Do	o you use pro bono legal as	ssistance? If so, pleas	e briefly describe.		
Do	o you collect fees for any se	ervices not related to the	ne law? If so, please briefly describe	э:	
CI	ERTIFICATION				
ex of	cempt status of this organization	ation is still in effect. It	nation included in this proposal is co f a grant is awarded to this organiza it any organization or individual sup	ation, the proceeds	
S	signature of Executive Direc	etor	 Date		



APPLICATION NARRATIVE GUIDELINES

(Kindly limit to three (3) pages)

I. Organization Mission and History

II. Purpose of Grant

If applying for General Operating Support:

- What community or individual needs does your organization address? Include a brief description of your constituents.
- ii. What are your organization's overall goals & objectives with respect to these needs? What outcomes are sought and obtained for your constituents? Be sure to explain how these align with the Bar Foundation's mission and grantmaking priorities.
- iii. How does your organization respond to these needs? Briefly describe programs and activities, including service statistics.
- iv. How do these activities generally impact your constituents? What outcomes are sought and achieved on their behalf? Please provide two or three examples.
- v. Briefly describe your organizational capacity to respond to these needs (i.e. budget, key staff and qualifications, administrative infrastructure, whether you use volunteers, etc.). Do you have sufficient capacity to respond to all requests for assistance?
- vi. How does this grant fit into your organization's overall funding needs, and what impact will impact any shortfall in funding on the level of services you provide.

If applying for Program/Project Support:

- i. Please describe the program/project. How does it align with your mission? Is it an ongoing or special project? What specific constituents and need does it address?
- ii. What are the program/project's goals and objectives? How is it implemented? What outcomes are sought and achieved? Please provide two or three examples.
- iii. How do you measure the program/project's effectiveness in responding to the need?
- iv. Is this an ongoing or special project?
- v. How does this project fit into your organization's overall activities? How it is implemented within the current infrastructure (i.e. program/project budget, key staff and qualifications, administration, etc.)?
- vi. Provide a detailed project budget, including funding sources, using the form provided. If the program/project is not fully funded, how will that impact your ability to conduct the program?



FINANCIAL INFORMATION

TOTAL OPERATING	BUDGET: \$	Fiscal Year:
Total Revenues	\$	
Total Expenses	\$	
Net Surplus/Deficit	\$	

PROGRAM/PROJECT SUPPORT If you are applying for Program/Project Support, please provide the following additional information:

PROGRAM/PROJECT BUDGET: \$

Direct Expenses:	Amount	<u>Direct Revenues</u>	<u>Amount</u>	
Salaries and wages (identify role or title and indicate full or part-time F/PT)		Contributed		
	\$	Public Grants	\$	
	\$	Private Foundations (list 3 largest)	\$	
	\$	1.		
	\$	2.		
	\$	3.		
SUBTOTAL	\$	Private Contributions	\$	
		Corporations	\$	
Other Direct Expenses (i.e. equipment, supplies, etc.; itemize)		Special Events	\$	
, , ,	\$	Other (please specify)	\$	
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
TOTAL EXPENSES	\$	TOTAL REVENUES		
SURPLUS/DEFICIT (Income less Expense)	\$			

PLEASE NOTE: The Board-approved operating budget for the current fiscal year and the most recent Board-approved year-to-date financial statement must be included in the required attachments.

*If your organization has a deficit, please provide a brief explanation about the deficit, whether it impacts delivery of services, and how you plan to address the deficit.



APPLICATION CHECKLIST

	Brief introductory cover letter on organization's letterhead			
	Application Cover Sheet, Grant Application Narrative and Financial Information Form			
	Required Attachments: (may be sent via email or U.S. Mail)			
	IRS Letter confirming tax-exempt status			
		Current certificate from the PA Bureau of Charitable Organizations		
Board-approved General Operating Budget for current fiscal year				
	Most recent Board-approved year-to-date financial statement			
	Applications for Program/Project Support must include detailed Program/Project information in the Financial Information Form Most recent audited financial statement or 990 return			
	List of current board members with affiliations			
Resumes of key personnel		Resumes of key personnel		
	Detailed Grant Report (if your organization received a grant in 2014)			

REMINDER: Applications are due Monday, October 19, 2015 (postmark if submitting by mail, by 4:00 pm if submitting by email). Incomplete applications or applications received after the deadline will not be considered.



GRANT REPORT GUIDELINES

If you received a grant from the Montgomery Bar Foundation in 2014, you must submit a grant report in order to be considered for funding this year. The report should be included with your application.

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Name	of Organization:		Tax ID:		
Addre	ss:				
Phone		Fax	Website:		
Executive Director Contact Info: Name:		Phone	Email		
Туре	of Grant: General Operating	Program/Project	Name of Project		
Was th	ne grant fully expended?		•		
mao ii	io grant rany expended.				
NARR.	ATIVE GUIDELINES				
If you	received a grant for General O	perating Support:			
i.	How many individuals did you	serve over the past year?			
ii.	Did you achieve your organizational goals and objectives this year? Identify any major challenges were presented this year, to your organization and to your constituents. How were these challenges addressed?				
iii. What impact did your organization have in addressing your constituents' needs, and hov measure this impact?					
iv. What notable outcomes did you achieve?					
v. Did you make any significant changes within the organization this year (i.e. staff additions or reductions, moving to a new location, new programs or strategies to respond to emerging neetc.)?					
If you	received Project/Program Sup	port, please provide the	e following additional information:		
i.	How many individuals were served by this project?				
ii.	Identify the original goals and objectives for this project. Were these met? What outcomes were achieved on behalf of your constituents?				
iii.	Did you make any changes to the project? If so, please describe.				
iv.	What are the most significant results from this project, both relative to your organization and you constituents?				
٧.	What are the most important le	ssons your organization has learned from this project?			
vi. If you were to undertake this project again, what would you do differently?					
I certify	ation's tax-exempt status is current		is grant report is correct and true, that this s grant were expended for the purposes		
Signatur	e of Executive Director		Date		